

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Hannah Nell	<i>Hannah Nell</i>	Street: 312 N. Broom St #3 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. RICHARD S. RUSSELL	<i>Richard S. Russell</i>	Street: 2542 KENDALL AVE #2 City: MADISON WI Zip: 53705-3736	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. ROBERTA J FORREST	<i>Roberta J Forrest</i>	Street: 3712 Stone Ridge Dr City: Janesville WI Zip: 53548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/15/2011 (Month) (Day) (Year)
4. Kathryn L. Nelson	<i>Kathryn L. Nelson</i>	Street: 507 W. Wilson #607 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Alexandra Richter	<i>Alexandra Richter</i>	Street: 1123 E Dayton St Apt C City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Caleb Mayer	<i>Caleb Mayer</i>	Street: 1123 E DAYTON ST APT C City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Leif Jackson	<i>Leif Jackson</i>	Street: 522 N. Pickney St. Apt. 21 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. John Vogelberg	<i>John Vogelberg</i>	Street: 444 W. Doty St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. ADAM VANDEN HEUVEL	<i>Adam Vanden Heuvel</i>	Street: 2903 Waconia LN City: MIDDLETON WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MIDDLETON	11/15/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Kaitlin Annunzio, (certify): I reside at 709 E Johnson City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
1801

Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

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1. Katie Switalski	Katie Switalski	Street: 1002 Spring St. Apt M City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Margo Lambert	Margo Lambert	Street: 5401 South Ridge Way City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
3. Ryan Alexander	Ryan Alexander	Street: 1014 Drake St City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Mitchel Wallace	Mitchel Wallace	Street: 1820 Keyes Ave City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Jesus Salas	Jesus Salas	Street: 2019 E OKLAHOMA City: MILWAUKEE Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/15/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Bethany Ordaz, (certify): I reside at 13 Cavendish Ct. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 20 11
(Month) (Day) (Year)

Bethany Ordaz
(Signature of Circulator)

Page No. (Official Use Only)
1802

Circulator
Phone
Email

11-18

SCOTT WALKER RECALL PETITION

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1. Kevin Reid-Hie		Street: 901 Lexington Way City: Wauwatsee WI Zip: 53227	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wauwatsee	11/16/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, JEREMY SAUSEN, (certify): I reside at 22 N Hancock St #201 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 20
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
1803

Circulator

Phone

Email

SCOTT WALKER RECALL PETITION

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1. Lukas Hawery	[Signature]	Street: 410 W. Olin Ave City: Madison Zip: 53715	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone ()
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Maura Tracy, (certify): I reside at 109 W Hancock St #3 city of madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1804

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Madison

Circulators, please
Phone ()
Email

SCOTT WALKER RECALL PETITION

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1. FREDERICK B. WADE	<i>Frederick B. Wade</i>	Street: 1121 WELLESLEY ROAD City: MADISON, WI Zip: 53705	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City SHOREWOOD HILLS, WI	11/16/2011 (Month) (Day) (Year)
2. John Maguino	<i>John Maguino</i>	Street: 16 Langdon St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Kathia Annunzio, (certify): I reside at 709 E Johnson City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]

(Signature of Circulator)

Page No. (Official Use Only)
1805

Circulator:

Phone

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. MARIA E. BARRAGAN	<i>[Signature]</i>	Street: 6710 Elmwood Ave City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
2. Tim Kerr	<i>[Signature]</i>	Street: 2005 Madison St City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Jane Schug	<i>[Signature]</i>	Street: 3000 Rothmore Ln City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
4. Eric Wallin	<i>[Signature]</i>	Street: 5325 Manitowoc Parkway City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Zang Vang	<i>[Signature]</i>	Street: 6796 Depot City: Windsor Zip: 53598	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Windsor	11/15/2011 (Month) (Day) (Year)
6. Stephanie Costello	<i>[Signature]</i>	Street: 5152 Antre dr #305 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
7. Christopher McGeorge	<i>[Signature]</i>	Street: 1150 E Washington Ave City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Niels A Jorgensen	<i>[Signature]</i>	Street: 1150 E Washington Ave City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Fernik Pourvelle	<i>[Signature]</i>	Street: 2220 Monroe City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Jennifer Kallias	<i>[Signature]</i>	Street: 5460 Caddis Bend #201 City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Susan Robbins, (certify): I reside at 2005 Madison St 53711 MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1806

Circulators

Phone

Email




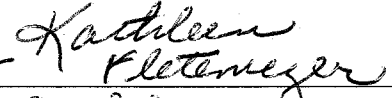
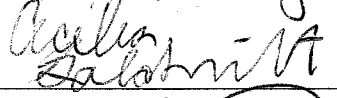
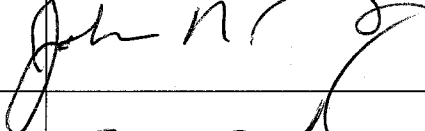
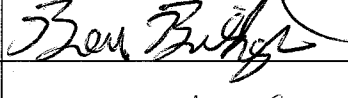

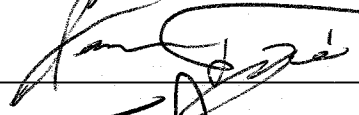
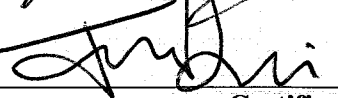
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SCOTT WALKER RECALL PETITION

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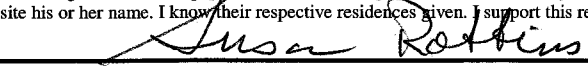
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JOHN LOMBARDO		Street: 2102 WEST LAWN AVE City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. Sherry Severson		Street: 6417 Mendota ave City: MIDDLETON Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MIDDLETON	11/15/2011 (Month) (Day) (Year)
3. Kelley Burd-Huss		Street: 5708 Restal St City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
4. Kathleen Fletemeyer		Street: 7118 Countrywood Ln City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Cecilia Goldschmidt		Street: 926 Spaight Apt 2 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. John R. Sweeney		Street: 2498 Osmundson Rd City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
7. Ben Bishop		Street: 4002 Yuna Drive City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. CAROLYN KALLENBORN		Street: 4318 ODANA RD City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. Kevan Feyzi		Street: 311 N. Hancock St #322 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
10. JAMES M. DAVIS		Street: 208 N. FEW ST City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, SUSAN Robbins, (certify): I reside at 2005 MADISON STREET 53711 MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
(Month) (Day) (Year)


(Signature of Circulator)

Page No. (Official Use Only)
1807

Circulators

Phone

Email

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SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Vasilis Kallias		Street: 5460 Caddis Bend #201 City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
2. James Beal		Street: 3630 Cross St City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Christine Gunkel Chubbuck		Street: 4530 Pawnee Pass City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
4. Bridgette Baldwin		Street: 1328 Drake Street City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Christine Swoogy		Street: 1428 Vilas Ave City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Laylin Flores		Street: 3045 Stratton way City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Laura Bañuelos		Street: 714 Western Ave. City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Sylvia García		Street: 714 Western Ave. City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Susan Robbins, (certify): I reside at 2005 Madison Street Madison 53711
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 15 2011
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(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Daniel J. Derr	<i>[Signature]</i>	Street: 804 Liberty Dr. City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Michael Noto	<i>[Signature]</i>	Street: 1840 Summit City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
3. Alice Bestul	<i>[Signature]</i>	Street: 540 W. Olin Ave #259 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
4. Burton Edwards	<i>[Signature]</i>	Street: 901 Crestview Dr City: MADISON, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
5. Lori Amsterdam	<i>[Signature]</i>	Street: W14068 SERWOODS DR City: PRAIRIE OUTSIDE, WI Zip: 53578	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
6. Rana Taylor	<i>[Signature]</i>	Street: 7299 Wilburn rd City: Sun Prairie Zip: 53590	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bristol	11/16/2011 (Month) (Day) (Year)
7. Deborah A. White	<i>[Signature]</i>	Street: 213 CENTER AVE. City: MT. HOREB, WI. Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. HOREB	11/16/2011 (Month) (Day) (Year)
8. EDWARD D Ryan	<i>[Signature]</i>	Street: 405 ELKSIDGE BLVD City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
9. Catherine Boyce	<i>[Signature]</i>	Street: 4314 Deer Run Ct. City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
10. Joanne Fairbotham	<i>[Signature]</i>	Street: 118 N. Brooks Street Apt E City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, John Driscoll, (certify): I reside at 911 E Johnson Apt. #1 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1809

Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Linda L Roberts</u> Sign: <u>Linda L Roberts</u>	Street: <u>1309 - W 13 Street</u> City: <u>Brodhead, WI</u> Zip: <u>53520</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Brodhead</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Maipa Ly Tong Pao</u> Sign: <u>Maipa Ly Tong Pao</u>	Street: <u>211 Bay View</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>FRIEDERIKE T. HOFFMANN</u> Sign: <u>Friederike T. Hoffmann</u>	Street: <u>94 LAKE CT.</u> City: <u>EDGERTON</u> Zip: <u>53534</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ALBION TOWNSHIP</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Jill M. Lenz</u> Sign: <u>Jill M. Lenz</u>	Street: <u>2809 Star Crest Trail</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Ann Rosehall</u> Sign: <u>Ann Rosehall</u>	Street: <u>5309 Brookshire Lane</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Emily Kolman (certify): I reside at 630 Poplar Way
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Verona
(Circulator Municipality)

Circulators,
Please include your contact

Phone

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Email

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
(Month) (Day) (Year)

Emily Kolman
(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Emily Kolman</u> Sign: <u>Emily Kolman</u>	Street: <u>630 Poplar way</u> City: <u>Verona, WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>John Kolman</u> Sign: <u>John Kolman</u>	Street: <u>630 Poplar way</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Bonelle Adkins</u> Sign: <u>Bonelle Adkins</u>	Street: <u>3160 Bicycleway Ave</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Melissa Sellmeyer</u> Sign: <u>Melissa Sellmeyer</u>	Street: <u>N1787 Harvey Rd.</u> City: <u>Arlington</u> Zip: <u>53911</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Leeds</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Jessica Dyer</u> Sign: <u>Jessica Dyer</u>	Street: <u>909 Pine St</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Emily Kolman, (certify): I reside at 630 Poplar way
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Verona
(Circulator Municipality)

Circulators,
Please include your contact

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Emily Kolman
(Signature of Circulator)

Page No. (Official Use Only)
1811

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Shannon Rupert</u> Sign: <u>Shannon Rupert</u>	Street: <u>9 Schenk St.</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone _____ (
2. Print: <u>John Bourke</u> Sign: <u>John Bourke</u>	Street: <u>11000 Bliss St Po 153</u> City: <u>Bluemounds WI</u> Zip: <u>53517</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bluemounds</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone _____ (
3. Print: <u>Emily Winkelman</u> Sign: <u>Emily Winkelman</u>	Street: <u>654 E. Mifflin St Apt 1</u> City: <u>Madison WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone _____ (
4. Print: <u>Linda Norton</u> Sign: <u>Linda Norton</u>	Street: <u>43 S. Hillside Ter</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone _____ (
5. Print: <u>Heather Imhoff</u> Sign: <u>Heather Imhoff</u>	Street: <u>11664 Monroe St. Apt. F</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone _____ (

Certification of Circulator

I, Emily Kolman (certify): I reside at 630 Poplar Way Verona
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Emily Kolman
(Signature of Circulator)

Page No. (Official Use Only)
1812

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Penny Rollins</u> Sign: <u>Penny Rollins</u>	Street: <u>648 Spruce Circle</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Penny Rollins</u> Phone <u>(608)</u>
2. Print: <u>Raymond Rollins</u> Sign: <u>Ray Rollins</u>	Street: <u>648 Spruce Circle</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
3. Print: <u>Wendy Lucas</u> Sign: <u>Wendy Lucas</u>	Street: <u>2338 Tale Trail #207</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, Emily Kolman (certify): I reside at 630 Poplar Way Verona
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011 Emily Kolman
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
1813

Circulators,
Please include your
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Dorothy Omdahl</u> Sign: <u>Dorothy Omdahl</u>	Street: <u>2627 Van Hise Ave</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email () Phone ()
2. Print: <u>JEANNETTE FULTON</u> Sign: <u>Jeannette Fulton</u>	Street: <u>5060 SUNRISE RIDGE TR</u> City: <u>MIDDLETON</u> Zip: <u>WI 53562</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SPRINGFIELD</u> (Municipality Name)	<u>10/16/2014</u> (Month) (Day) (Year)	Email () Phone ()
3. Print: <u>Kay Oncken</u> Sign: <u>Kay Oncken</u>	Street: <u>5399 Blue Bird Rd</u> City: <u>Waunakee WI</u> Zip: <u>53597</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Westport</u> (Municipality Name)	<u>11/16/2014</u> (Month) (Day) (Year)	Email () Phone ()
4. Print: <u>Steven Dold</u> Sign: <u>Steven Dold</u>	Street: <u>5802 Baskerville Walk</u> City: <u>Middleton</u> Zip: <u>WI 53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email () Phone ()
5. Print: <u>Vicki Swedish</u> Sign: <u>Vicki Swedish</u>	Street: <u>5348 Baskerville Walk</u> City: <u>Middleton, WI</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2014</u> (Month) (Day) (Year)	Email () Phone ()

JUDITH A TUTTLE (certify): I reside at 1806 Laurel Crest Madison CITY OF MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)
53705

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 16, 2011
(Month) (Day) (Year)

Judith A Tuttle
(Signature of Circulator)

Page No. (Official Use Only)

1814

Circulators.

Please include your contact in

Phone ()
Email ()

B1907-1

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Gerald Swedish</u> Print: <u>Gerald Swedish</u> Sign: <u>Gerald Swedish</u>	Street: <u>5748 Baskerville Walk</u> City: <u>Middleton WI</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
2. <u>Susan D. Ward</u> Print: <u>Susan D. Ward</u> Sign: <u>Susan D. Ward</u>	Street: <u>5735 Roosevelt ST</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
3. <u>Douglas K. Ward</u> Print: <u>Douglas K. Ward</u> Sign: <u>Douglas K. Ward</u>	Street: <u>5735 Roosevelt ST</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
4. <u>Linda Barez</u> Print: <u>Linda Barez</u> Sign: <u>Linda Barez</u>	Street: <u>3208 Creek View Dr. #2</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>10/16/2011</u> (Month) (Day) (Year)	Email Phone ()
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

JUDITH A. TUTTLE (Printed Name of Circulator) certify: I reside at 1806 Laurel Crest (Circulator's Residence - Street Name and Number) CITY OF MADISON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.12(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Judith A. Tuttle
(Signature of Circulator)

Page No. (Official Use Only)
1815

Circulators.

Please include your contact in

Phone

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Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Robert P. Tuttle</u> Sign: <u>Robert P Tuttle</u>	Street: <u>1806 Laurel Crest</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>SHIRLEY FUNK</u> Sign: <u>Shirley Funk</u>	Street: <u>1802 HICKORY DRIVE</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>NANCY E. BARKLAGE</u> Sign: <u>Nancy E. Barklage</u>	Street: <u>5602 LAUREL COURT</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: <u>JUDITH A TUTTLE</u> Sign: <u>Judith A Tuttle</u>	Street: <u>1806 Laurel Crest</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>tuttlema</u> <u>char</u> Phone <u>(608) 23</u>
5. Print: <u>TERESA J WELCH</u> Sign: <u>Teresa Welch</u>	Street: <u>5602 Laurel Court</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()

Certification of Circulator

I, JUDITH A TUTTLE (certify): I reside at 1806 LAUREL CREST CITY OF MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Judith A Tuttle
(Signature of Circulator)

Page No. (Official Use Only)
1816

Circulators.
Please include your contact in

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J...
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Jon Burman</u> Sign: <u>[Signature]</u>	Street: <u>6909 chester dr unit A</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Garry Burman</u> Sign: <u>[Signature]</u>	Street: <u>70 White Oak Lane</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Eugene L. Olson</u> Sign: <u>Eugene L. Olson</u>	Street: <u>5910 Badger St.</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>THOMAS LEYER</u> Sign: <u>[Signature]</u>	Street: <u>508 Frost Woods Rd</u> City: <u>MONONA</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MONONA</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Aileen Swan</u> Sign: <u>Aileen Swan</u>	Street: <u>1418 Delaware Blvd.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, RONALD R Ruzicka, (certify): I reside at 3352 Brugger Pl
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Town of Blooming Grove
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

November 15 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1817

Circulators,
Please include your contact

Phone
(608)
Email
Ruzicka

13288

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Elizabeth Reagan	<i>Elizabeth Reagan</i>	Street: 5407 North Pass City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone ()
2. James T. Boshers	<i>James T Boshers</i>	Street: 6504 SCHNEIDER PLACE City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone ()
3. Terrance S. Phillips	<i>Terrance S Phillips</i>	Street: 6318 Everglade Ct City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone ()
4. Todd D. Lane	<i>Todd D. Lane</i>	Street: 1122 PETERA PL City: MADISON WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone ()
5. Pat Meissen	<i>Pat Meissen</i>	Street: 5304 Black Walnut City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone ()
6. CHARLES T. WEDERIND	<i>Charles T Wederind</i>	Street: 2533 Maple Dr. City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/15/2011 (Month) (Day) (Year)	Email Phone (608)
7. Justin Verhulst	<i>Justin Verhulst</i>	Street: 4700 Dale St. Apt. 210 City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone ()
8. MARK SORENSEN	<i>Mark S Sorensen</i>	Street: 5520 OSBORN DR. City: MCFARLAND Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MCFARLAND	11/15/2011 (Month) (Day) (Year)	Email Phone ()
9. Lisa Fernan	<i>Lisa A Fernan</i>	Street: 5304 Wild Cherry Ln City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone ()
10. Shellie Gillette	<i>Shellie Gillette</i>	Street: 5712 Black Walnut City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, RONALD R. RUZICKA, (certify): I reside at 3352 Brugger Pl Town of Blooming Grove
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Ronald R Ruzicka
(Signature of Circulator)

Page No. (Official Use Only)
1818

Circulators, please

Phone
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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Marilyn Ruckering	<i>Marilyn Ruckering</i>	Street: 6002 Lake St. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Sue Boshers	<i>Sue Bosh</i>	Street: 6504 Schneider Pl. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Jennifer Pampuch	<i>Jennifer Pampuch</i>	Street: 4002 VALOR Way City: madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
4. Robert Clenkin	<i>Robert Clenkin</i>	Street: 5308 Hough St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. STEPHEN ARONSON	<i>Stephen Aronson</i>	Street: 5304 BLACK WALNUT DR. City: McFARLAND, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFARLAND <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. Joseph W. Laeser	<i>Joseph W. Laeser</i>	Street: 2921 COUNTY Hwy A13 City: McFarland, WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	11/15/2011 (Month) (Day) (Year)
7. MARSHALL SCHLICHTING	<i>Marshall Schlichting</i>	Street: 5602 CARDINAL DR City: McFARLAND, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFARLAND <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. KAREN MEDERIS	<i>Karen Mederis</i>	Street: 5387 MARINERS COVE #303 City: MADISON, WI Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village WESTPORT <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. Juliet Hansen	<i>Julie A. Hansen</i>	Street: 6006 Osborn Drive City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. Ann Bruhn	<i>Ann Bruhn</i>	Street: 3758 Coachman Way City: Cross Plains Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Middleton <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, RONALD R. RUZICKA, (certify): I reside at 3357 Brugger Pl Town of Blooming Grove, (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 20
(Month) (Day) (Year)

Ronald R. Ruzicka
(Signature of Circulator)

Page No. (Official Use Only)
1819

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1.	Katherine V. Hoel	Street: 2722 Woodland Rd. City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/15/2011 (Month) (Day) (Year)
2.	Jeff A. Rice	Street: 5215 Cook St City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
3.	Debra L O'Malley	Street: 6603 Meredith Way City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
4.	Joseph Mungana	Street: 5601 Eighth Rd City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Peggy Anderson, (certify): I reside at 5325 Marsh Rd. Madison, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Peggy Anderson
(Signature of Circulator)

Page No. (Official Use Only)
1820

Circulators, p

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. KENNETH BOYO	<i>Kenneth Boyo</i>	Street: 3463 S. 99th Rd City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town Blomington <input type="checkbox"/> Village GROVE <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Peggy Anderson	<i>Peggy Anderson</i>	Street: 5325 Marsh Rd City: Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Logan Oederich	<i>Logan Oederich</i>	Street: 6207 Holscher Road City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Alex Baxter	<i>Alex Baxter</i>	Street: 5801 Black Walnut Dr. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Roger Goppert	<i>Roger Goppert</i>	Street: 3786 Janelle Lane City: Cottage Grove Zip: 53527	<input checked="" type="checkbox"/> Town Cottage Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. DARLENE BORCHERDING	<i>Darlene Borcharding</i>	Street: 2727 TOWER RD City: MCFARLAND Zip: 53558	<input checked="" type="checkbox"/> Town DUNN <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. ERIC BREHM	<i>Eric Brehm</i>	Street: 230 N. River Street City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	11/20 (Month) (Day) (Year)
8. ERIC BREHM	<i>Eric Brehm</i>	Street: 230 N. River Road City: ENDEAVOR, WI Zip: 53930	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village ENDEAVOR <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. KEVIN TYLER	<i>Kevin Tyler</i>	Street: 5406 WILD CHERRY LN. City: MCFARLAND Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MCFARLAND <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. NORMAN ANDERSON	<i>Norman Anderson</i>	Street: 5325 MARSH RD. City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Peggy Anderson, (certify): I reside at 5325 Marsh Rd. Madison,
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Peggy Anderson
(Signature of Circulator)

Page No. (Official Use Only)
1821

Circulators, p
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Benjamin T Petersen	<i>Benjamin T Petersen</i>	Street: 4701 Taylor Rd City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Lori Andersen	<i>Lori Andersen</i>	Street: 37 Pleasant Oak Ct City: Oregon WI Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Oregon <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Victoria Hansen	<i>Victoria Hansen</i>	Street: 5203 N Autumn Lane City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Melissa Aubey	<i>Melissa Aubey</i>	Street: 5836 Osborn Dr City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Eugene Krieker	<i>Eugene Krieker</i>	Street: 6067 Country Walk City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. Kathleen A. Helm	<i>Kathleen A. Helm</i>	Street: 5401 Marsh Rd City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Shawn Anderson	<i>Shawn Anderson</i>	Street: 5805 Glenway St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. Wendy Eccles	<i>Wendy Eccles</i>	Street: 6205 Hawk Xing City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. TERRESA SULLIVAN	<i>TERRESA SULLIVAN</i>	Street: 6405 Pheasant Run City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. Brenda France	<i>Brenda France</i>	Street: 6307 Johnson St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Peggy Anderson, (certify): I reside at 5325 Marsh Rd Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Peggy Anderson
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. SANDRA COLLINS	<i>Sandra Collins</i>	Street: 5800 Wisconsin St. #165 City: McFarland, Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone ()
2. Gerald Collins	<i>Gerald Collins</i>	Street: 5800 Wisconsin St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone ()
3. Kim Zeier	<i>Kim Zeier</i>	Street: 5800 Wisconsin St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone ()
4. Karen MacDonald	<i>Karen MacDonald</i>	Street: 5704 Black Walnut City: McFarland Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone ()
5. Kathleen St. Onge	<i>Kathleen St. Onge</i>	Street: 5131 TAYLOR RD City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone ()
6. KENNETH MERTENS	<i>Kenneth Mertens</i>	Street: 3187 SIGGELKOW RD City: McFARLAND WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	11/15/2011 (Month) (Day) (Year)	Email Phone ()
7. Michelle Roatch	<i>Michelle Roatch</i>	Street: 720 Charles LN City: Stoughton WI Zip: 53589	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	11/15/2011 (Month) (Day) (Year)	Email Phone ()
8. STEVE M. ANNEA	<i>Steve M. Annea</i>	Street: 5011 Falling Leaves Ln City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone ()
9. Marcia Gray	<i>Marcia R Gray</i>	Street: 1611 Hammond Rd City: Edgerton Zip: 53534	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Edgerton MRC Dunkirk	11/15/2011 (Month) (Day) (Year)	Email Phone ()
10. Tricia Teeter	<i>Tricia Teeter</i>	Street: 6102 Woods Xing City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Gerald Collins, (certify): I reside at 5800 Wisconsin St. McFarland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Gerald Collins
(Signature of Circulator)

Page No. (Official Use Only)
1823

Circulators, please

Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Susan Schmalz	<i>Susan Schmalz</i>	Street: 6111 Spring Pond Ct City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: <i>Schmalz</i> Phone: (608) _____
2. Miriam Harris	<i>M. Harris</i>	Street: 6107 Spring Pond Ct City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: <i>NH20</i> Phone: (608) _____
3. WILSON HARRIS	<i>Wilson Harris</i>	Street: 6107 Spring Pond Ct City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: <i>wharris</i> Phone: (608) _____
4. Jennifer Harker Ansham	<i>Jennifer Harker Ansham</i>	Street: 6410 Fox Run City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()
5. Caroline Crank	<i>Caroline Crank</i>	Street: 9 Honor Ct City: Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()
6. Kathy Annen	<i>Kathy Annen</i>	Street: 5011 Falling Leaves Ln City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()
7. Sonja Erickson	<i>Sonja Erickson</i>	Street: 3424 CR-MN 53558 City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()
8. Nicole Wilson	<i>Nicole Wilson</i>	Street: 5405 Wellington Circle City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()
9. Bruce Fischer	<i>Bruce Fischer</i>	Street: 5209 Falling Leaves Lane City: McFarland, Wis. Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()
10. Cheryl Volden	<i>Cheryl Volden</i>	Street: 5425 Dennis Dr City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()

Certification of Circulator

I, Gerald Collins, (certify): I reside at 5800 Wisconsin St. McFarland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Gerald Collins
(Signature of Circulator)

Page No. (Official Use Only)
1824

Circulators, please

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Steve Brandt	<i>Steve Brandt</i>	Street: 5220 Lewis Lane City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town McFarland <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Julie Brandt	<i>Julie Brandt</i>	Street: 5220 Lewis Lane City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Diane K. Wells	<i>Diane K. Wells</i>	Street: 5507 Alben Avenue City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Amber N. Walker	<i>Amber N. Walker</i>	Street: 5403 Dennis Dr City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Alan Mahsem	<i>Alan Mahsem</i>	Street: 5903 SPARTAN DR #1 City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. Jane E. Garrott	<i>Jane E. Garrott</i>	Street: 3173 Duncan Rd City: Stoughton Zip: 53589	<input checked="" type="checkbox"/> Town Dunn <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Joseph Dennis	<i>Joseph Dennis</i>	Street: 5416 Luni Ln City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. Marta Moroney-Hernandez	<i>Marta Moroney-Hernandez</i>	Street: 5113 Lewis Lane City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. Ryan Headley	<i>Ryan Headley</i>	Street: 5012 Falling Leaves Lane City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. Paul Peters Jr.	<i>Paul Peters Jr.</i>	Street: 6007 Lake St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Gerald Collins, (certify): I reside at 5800 Wisconsin St. McFarland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Gerald Collins
(Signature of Circulator)

Page No. (Official Use Only)
1825

Circulators, please provide:
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Lisa A. Schuberer	<i>[Signature]</i>	Street: 5703 Milwaukee St. City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Karen Stephany	<i>[Signature]</i>	Street: 6208 Hawk Xing City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Dawn Larsen	<i>[Signature]</i>	Street: 5203 Broadhead St. City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone
4. ZACH LARSEN	<i>[Signature]</i>	Street: 5203 Broadhead St. City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Scott G. Westphal	<i>[Signature]</i>	Street: 5603 Leanne Ln City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Mindy Westphal	<i>[Signature]</i>	Street: 5603 Leanne Ln City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Gerald Collins, (certify): I reside at 5800 Wisconsin St. McFarland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: <u>LORI GRILL</u> Sign: <u>Lori Grill</u>	Street: <u>2710 Tower Rd</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>DUNN</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>bnlgrill</u> Phone <u>(608)</u>
2. <u>Arlene Welcher</u> Print: <u>Arlene Welcher</u> Sign: <u>Arlene Welcher</u>	Street: <u>1718 W. main #1</u> City: <u>Stoughton</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stoughton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>welcher</u> Phone <u>(608)</u>
3. <u>Martene Prah</u> Print: <u>Martene Prah</u> Sign: <u>Martene Prah</u>	Street: <u>5118 Leanne LN</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>(608)</u> Phone <u>()</u>
4. <u>Kathy Pazak</u> Print: <u>Kathy Pazak</u> Sign: <u>Kathy Pazak</u>	Street: <u>5019 Timber Ln</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>(608)</u> Phone <u>()</u>
5. <u>Alyson Eith</u> Print: <u>Alyson Eith</u> Sign: <u>Alyson A. Eith</u>	Street: <u>3130 Streb Way</u> City: <u>Cottage Grove</u> Zip: <u>53527</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Springs</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>(608)</u> Phone <u>(608)</u>

I, Delynn Sjodin, (certify): I reside at 5310 Valley Drive McFarland
 (Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Delynn Sjodin
(Signature of Circulator)

Page No. (Official Use Only)
1827

Return by:
Committee
PO Box 256
Madison, WI

Circulators.
Please include your contact information.

Phone
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Email
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by
Committee
PO Box 250
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Marc Wines</u> Sign: <u>Machin</u>	Street: <u>6208 renee CT</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
2. Print: <u>Julie Hartwig</u> Sign: <u>Julie L. Hartwig</u>	Street: <u>322 E. Mifflin #1</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
3. Print: <u>Gail Aaroen</u> Sign: <u>Gail Aaroen</u>	Street: <u>5526 North Cook St</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
4. Print: <u>Margo Grady</u> Sign: <u>Margo Grady</u>	Street: <u>5905 Running Deer Tr.</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
5. Print: <u>Deanna Korus</u> Sign: <u>Deanna Korus</u>	Street: <u>5803 County Walk</u> City: <u>McFarland</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____

I, DeLynn Spodin, (certify): I reside at 5310 Valley Drive McFarland
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

DeLynn Spodin
(Signature of Circulator)

Page No. (Official Use Only)
1828

Circulators,
Please include your contact information

Phone
(608) _____
Email
tdbhn
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Karyn R Schneider</u> Sign: <u>Karyn R Schneider</u>	Street: <u>5508 Cardinal Dr.</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>gander</u> Phone () ()
2. Print: <u>Melissa V. Bieri</u> Sign: <u>Melissa V. Bieri</u>	Street: <u>5810 Smith Ridge Rd</u> City: <u>McFarland WI</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone () ()
3. Print: <u>Kathi Schlender Adams</u> Sign: <u>Kathi Schlender Adams</u>	Street: <u>6311 Sighting Rd.</u> City: <u>McFarland WI</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>KasaOS</u> Phone () ()
4. Print: <u>Steve Schluter</u> Sign: <u>Steve Schluter</u>	Street: <u>5509 Mack St</u> City: <u>McFarland WI</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>S. Schluter</u> Phone <u>608 2</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

I, Delynn Sjodin, (certify): I reside at 5310 Valley Drive
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

McFarland
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Delynn Sjodin
(Signature of Circulator)

Page No. (Official Use Only)

1829

Circulators.

Please include your contact information.

Phone

(608) 2

Email

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B290

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to

PO Box 2569

Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Lisa Winer</u> Sign: <u>Lisa Winer</u>	Street: <u>6208 Renee Court</u> City: <u>McFarland</u> Zip: <u>53558 WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Michael Beatty</u> Sign: <u>Michael Beatty</u>	Street: <u>6308 Hidden Farm Rd.</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>LuAnn Russell-Salas</u> Sign: <u>LuAnn Russell-Salas</u>	Street: <u>4058 Secret Garden</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Catherine Price Frye</u> Sign: <u>Catherine Price Frye</u>	Street: <u>4450 Rutland Dunn Rd.</u> City: <u>Oregon WI</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Dunn</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608) ()
5. Print: <u>Carl R Strasburg</u> Sign: <u>Carl R Strasburg</u>	Street: <u>5991 Oak Hollow Dr.</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()

I, Delynn Sjodin, (certify): I reside at 5310 Valley Drive McFarland
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

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11 / 15 / 2011
(Month) (Day) (Year)

Delynn Sjodin
(Signature of Circulator)

Page No. (Official Use Only)
1830

Circulators,
Please include your contact

Phone

(608) 8

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Cynthia Brady	Cynthia L Brady	Street: 2732 Olia Rd City: Cambridge Zip: 53523	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Christiana	11/15/2011 (Month) (Day) (Year)
2. Allison Vincent	Allison Vincent	Street: 5406 Valley Drive City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
3. TODD PATTON	Todd Patton	Street: 4319 CRESTED OWL LN City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Alicia Curtis	Alicia Curtis	Street: 6104 Saunders Ct City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
5. Barbara Wedekind	Barbara Wedekind	Street: 2533 Yahara Dr City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/15/2011 (Month) (Day) (Year)
6. Ginger Verhulst	Ginger Verhulst	Street: 4700 Dale St. Apt 210 City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
7. Raylene Brinkmeier	Raylene Brinkmeier	Street: 710 Mesa Ln City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Kayla Lange	Kayla Lange	Street: 5911 Spartan Dr #7 City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
9. Lori Jacoby	Lori Jacoby	Street: 5422 MARSH Rd City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
10. Ann Jandt	Ann Jandt	Street: 5705 Glenway St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, LYMAN LYONS, (certify): I reside at 6323 JOHNSON ST McFARLAND
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov 15 2011
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(Signature of Circulator)

Page No. (Official Use Only)
1831

Circulators:
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Susan Eley	<i>Susan Eley</i>	Street: 6314 Sighting Rd City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Mike Poltger	<i>Mike Poltger</i>	Street: 9206 E. Buckeye Rd City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
3. John D Kocpse	<i>John D. Kocpse</i>	Street: 5509 Cardinal Dr City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Rick BULTMAN	<i>Rick Bultman</i>	Street: 5703 ANTHONY ST City: MCFARLAND WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Shelly Lampe	<i>Shelly Lampe</i>	Street: 5305 Black Walnut Dr City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
6. JOHN LAVIN	<i>John Lavin</i>	Street: 3067 VILAS RD City: COTTAGE GROVE Zip: 53527	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PLEASANT SPRING	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Susan Booth	<i>Susan Booth</i>	Street: 2418 Independence Ln. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Karen Wydeven	<i>Karen Wydeven</i>	Street: 6312 Renee Ct City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Wendy Phillips	<i>Wendy Phillips</i>	Street: 6318 Everglade Ct City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
10. JENNIFER LANE	<i>Jennifer Lane</i>	Street: 5906 SPARTAN DR APT 1 City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, LYMAN LYONS, (certify): I reside at 6323 JOHNSON ST. MCFARLAND
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1832

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Terry Moon	Terry Moon	Street: 5516 N. Cook St. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. DEBRA HAZELTINE	Debra Hazeltine	Street: 5306 PAULSON RD City: MCFARLAND Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Kiley Kilkenny	Kiley Kilkenny	Street: 9 Ridgview Ct. #7 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, LYMAN LYONS, (certify): I reside at 6323 JOHNSON ST

MCFARLAND

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov 15 2011
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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Pamelynn Austin	Pamelynn Austin	Street: 5312 Lani Lane City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
2. Jamie Gaussmann	Jamie Gaussmann	Street: 3412 Fernrite Dr City: Madison WI Zip: 53718	<input checked="" type="checkbox"/> Town Blooming <input type="checkbox"/> Village Grove <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
3. Robert Schaefer	Robert Schaefer	Street: 6313 Everglade CT City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Kathryn Lyons, (certify): I reside at 6323 Johnson St McFarland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Kathryn Lyons
(Signature of Circulator)

Page No. (Official Use Only)
1834

Circulators, p
Phone
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kathie Bennett	<i>Kathie Bennett</i>	Street: 2756 Tower Rd City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/15/2011 (Month) (Day) (Year)
2. GREG MISCHIO	<i>GM</i>	Street: 6207 SPRING POND CT. City: MCFARLAND Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MCFARLAND	11/15/2011 (Month) (Day) (Year)
3. Shana Lewis	<i>Shana Lewis</i>	Street: 4195 High St City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/15/2011 (Month) (Day) (Year)
4. Sue Schaefer	<i>Sue Schaefer</i>	Street: 6313 Everglade Ct City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Kathryn Lyons, (certify): I reside at 6323 Johnson St McFarland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Kathryn Lyons
(Signature of Circulator)

Page No. (Official Use Only)
1835

Circulators, please

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Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Richard B Ruecking	<i>Richard B Ruecking</i>	Street: 6002 Lake St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: rueema Phone: (608)
2. Sandra J. Gerick	<i>Sandra J. Gerick</i>	Street: 5904 Leanne Lane City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
3. Cheryl Tyler	<i>Cheryl Tyler</i>	Street: 5604 Wild Cherry City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
4. Laurie Deglar	<i>Laurie Deglar</i>	Street: 4808 Dale St #1 City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
5. Nina Emmrich	<i>Nina Emmrich</i>	Street: 6104 Spring Pond St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
6. MARK Emmrich	<i>Mark Emmrich</i>	Street: 6104 Spring Pond St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
7. Karin Mandli	<i>Karin Mandli</i>	Street: 5804 Aspen Ct. City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
8. Ruth Ode II	<i>Ruth Ode</i>	Street: 5408 Main St City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
9. Cynthia L. Kaether	<i>Cynthia L. Kaether</i>	Street: 6204 Forest Ridge Ct. City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
10. Catherine Haas	<i>Catherine Haas</i>	Street: 600 Nordic Trail City: Stoughton WI Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, Barbara L. Jung, (certify): I reside at 4206 Morris Park Rd. Town of Dunn
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Barbara L. Jung
(Signature of Circulator)

Page No. (Official Use Only)
1836

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Barbara Jung	<i>Barbara Jung</i>	Street: 4206 Morris Park Rd City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
2. Zach. Denu	<i>Zach. Denu</i>	Street: 5405 Linden Pkwy City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
3. Bill Kemnitz	<i>Bill Kemnitz</i>	Street: 5223 Church St. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
4. Dan Rottmber	<i>Dan Rottmber</i>	Street: 5613 Glenway St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
5. Randall Kennedy	<i>Randall Kennedy</i>	Street: 905 Trout Tr City: Stoughton Zip: 53589	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
6. TERRY MARTINELLI	<i>Terry Martinelli</i>	Street: 6104 Creamery Ct City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
7. Rosemary Fitch	<i>Rosemary Fitch</i>	Street: 2860 Arrowhead Ln City: Stoughton Zip: WI.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
8. Jackie Ruggles	<i>Jackie Ruggles</i>	Street: 5911 Leanne Ln City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
9. Teer Miller	<i>Teer Miller</i>	Street: 2600 Weum Rd City: Stoughton Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pleasant Springs	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
10. Orin Silva	<i>Orin Silva</i>	Street: 2600 Weum Rd City: Stoughton Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pleasant Springs	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

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(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11 / 15 / 2011
(Month) (Day) (Year)

Barbara L. Jung
(Signature of Circulator)

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1837

Circulators, please provide:
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Richard Gamble	<i>Richard Gamble</i>	Street: 5704 Bird Song Ct. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)
2. Patrick Dorn	<i>Patrick J. Dorn</i>	Street: 6109 Spring Pond Ct. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Barbara L. Jung, (certify): I reside at 4206 Morris Park Rd Town of Dunn
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Barbara L. Jung
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Barbara L. Jung

SCOTT WALKER RECALL PETITION

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1. DIANE M. JONES	<i>Diane M. Jones</i>	Street: 6611 SLEEPY HOLLOW City: McFARLAND WI Zip: 53558	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFARLAND	11/15/2011 (Month) (Day) (Year)
2. Staci A. Marrese-Wheeler	<i>Staci A. Marrese-Wheeler</i>	Street: 5704 W. Open MDW City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
3. Amy E Griffin	<i>Amy Griffin</i>	Street: 6401 Hidden Farm Rd City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
4. Pamela A. Licht	<i>Pam Licht</i>	Street: 3226 Elvehjem Rd City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/15/2011 (Month) (Day) (Year)
5. Philip Davidson	<i>Phil Davidson</i>	Street: 5119 Timber Ln City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, MARK Jung
(Name of Circulator)

(certify): I reside at 4206 Morris Park Rd
(Circulator's Residence - Street name and Number)

TOWN OF DUNN
(Circulator Municipality)

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Mark Jung
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. ASHLEY KAPLEWSKI	<i>Ashley M Kaplewski</i>	Street: 5 BUTLER CT City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
2. Sandra L. Harp	<i>Sandra L. Harp</i>	Street: 5911 Spartan Dr. #1 City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)
3. KERI J. BERLING	<i>Keri J. Berling</i>	Street: 5604 Lake Edge Rd. #7 City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Deforest	11 / 15 / 2011 (Month) (Day) (Year)
4. Amanda Brezenski	<i>Amanda Brezenski</i>	Street: 4815 Bautista Dr. City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)
5. Kelly Thompson	<i>Kelly Thompson</i>	Street: 4714 Burma Rd. City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)
6. Patrick M Gerick	<i>Patrick M. Gerick</i>	Street: 5904 LEANNE LN City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)
7. Kimberly K. Wink	<i>Kimberly K. Wink</i>	Street: 4248 Pella Lane City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11 / 15 / 2011 (Month) (Day) (Year)
8. CHERYL R. HOFFMAN	<i>Cheryl R. Hoffman</i>	Street: 4130 Lookout Trl. City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	11 / 15 / 2011 (Month) (Day) (Year)
9. Mary J. Fröder	<i>Mary Jo Fröder</i>	Street: 6214 Wild Flower Ct. City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)
10. GREG WELSH	<i>Greg Welsh</i>	Street: 4250 E COUNTY S City: BELOIT WI Zip: 53511	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TURTLE	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, MARK Jung, (Name of Circulator)

(certify): I reside at 4206 Morris Park Rd (Circulator's Residence - Street name and Number)

TOWN of Duna (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
1840

Return
Complete
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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. MARK Jung	<i>Mark Jung</i>	Street: 4206 Morris Park Rd City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	11/15/2011 (Month) (Day) (Year)
2. RITA CRAWFORD	<i>Rita Crawford</i>	Street: 2673 West Star Rd City: Stoughton WI Zip: 53589	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pleasant Springs	11/15/2011 (Month) (Day) (Year)
3. Elsa I. Reeves	<i>Elsa I. Reeves</i>	Street: 5903 Foxglove Ridge City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
4. Barbara Boyd	<i>Barbara Boyd</i>	Street: 3463 Siggelkow Rd City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11/15/2011 (Month) (Day) (Year)
5. KAROLYN PULVERMACHER	<i>Karolyn Pulvermacher</i>	Street: 2493 Chaumany Way City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	11/15/2011 (Month) (Day) (Year)
6. Emily Shanks	<i>Emily A. Shanks</i>	Street: 1201 Emerald Terrace #5 City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
7. BETTY MERTENS	<i>Betty Mertens</i>	Street: 3187 Siggelkow Rd. City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11/15/2011 (Month) (Day) (Year)
8. Nancy L Sailing	<i>Nancy L. Sailing</i>	Street: 812 Topaz Ln City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. JAMES G. Hickey	<i>James G. Hickey</i>	Street: 2401 Evan Rd City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	11/15/2011 (Month) (Day) (Year)
10. DAVID KNEIP	<i>David Kneip</i>	Street: 3480 Orvold Park Dr City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

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Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

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Return by
Committee
PO Box 25
Madison, WI

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CON
1. <u>William Feitinger</u> Print: <u>Wall Feitly</u> Sign:	Street: <u>509 Russell St</u> City: <u>Madison</u> Zip: <u>WI 53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>bfeit</u> Phone: <u>(608)</u>
2. <u>Jeri Conway</u> Print: <u>Jeri Conway</u> Sign:	Street: <u>3617 Alpine Rd.</u> City: <u>Madison</u> Zip: <u>WI 53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>cayl</u> Phone: <u>(608)</u>
3. <u>Jennifer Bruno</u> Print: <u>JMB</u> Sign:	Street: <u>5202 Monarda Ct.</u> City: <u>McFarland</u> Zip: <u>WI 53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>brun</u> Phone: <u>(608)</u>
4. <u>Kimberly Besmer</u> Print: <u>Kimberly Besmer</u> Sign:	Street: <u>733 Lakewood Blvd.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Maple Bluff</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>besm</u> Phone: <u>(608)</u>
5. <u>Sarah Simonis</u> Print: <u>Sarah Simonis</u> Sign:	Street: <u>3532 Ridgeway Ave</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>ssima</u> Phone: <u>(608)</u>

I, Susan Hobart (certify): I reside at 509 Russell St Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.12(2)(a), Wis. Stats.

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1842

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to
Committee
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. <u>Diane Medcalf</u> Print: <u>Diane Medcalf</u> Sign: <u>Diane Medcalf</u>	Street: <u>7367 Tree Lane</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>diane</u> Phone ()
2. <u>Dorothy Kapke</u> Print: <u>Dorothy Kapke</u> Sign: <u>Dorothy Kapke</u>	Street: <u>7365 Tree Lane</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
3. <u>Renesha Carter</u> Print: <u>Renesha Carter</u> Sign: <u>Renesha Carter</u>	Street: <u>6787 Schroeder Rd</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>Renesha</u> Phone (414)
4. <u>Barbara K. Roe</u> Print: <u>Barbara K. Roe</u> Sign: <u>Barbara K. Roe</u>	Street: <u>1703 N. High Pt. Rd.</u> City: <u>Middleton WI</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
5. <u>Ann Peterson</u> Print: <u>Ann Peterson</u> Sign: <u>Ann Peterson</u>	Street: <u>1717 N. High Point Rd</u> City: <u>Middleton WI</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Dorothy Kapke (Printed Name of Circulator) (certify): I reside at 7365 Tree Lane (Circulator's Residence - Street Name and Number) Madison, City of (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Dorothy Kapke
(Signature of Circulator)

Page No. (Official Use Only)

1843

Circulators,

Please include your

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JOHN PETERSON	<i>John Peterson</i>	Street: 1717 N. HIGH POINT City: MIDDLETON Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton DK	11/16/2011 (Month) (Day) (Year)
2. SANDRA WITTE	<i>Sandra Witte</i>	Street: 7128 Hubbard Ave City: Middleton Wis Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
3. Marina Haan	<i>Marina Haan</i>	Street: 5717 Hammersly Rd City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison DK	11/16/2011 (Month) (Day) (Year)
4. M. ELAINE SHARP	<i>M. Elaine Sharp</i>	Street: 17 BACKBAY CIR City: MADISON WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison DK	11/16/2011 (Month) (Day) (Year)
5. Linda Honopacki	<i>Linda Honopacki</i>	Street: 1217 Drake St City: Madison WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Patricia A Hussli	<i>Patricia A Hussli</i>	Street: 11 Oak Creek Tr. City: Madison, WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. SANDRA L. CORBETT	<i>Sandra L Corbett</i>	Street: 9 PINTAIL CIRCLE City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
8. Bernie Maulbetsch	<i>Bernie Maulbetsch</i>	Street: 6815 Anderson City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Dorothy Kapke, (certify): I reside at 7365 Tree Lane City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Dorothy Kapke
(Signature of Circulator)

Page No. (Official Use Only)
1844

Circulators,

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Rick GERMAIN		Street: 2602 MYRTLE ST City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. William H. McClain		Street: 303 Lake View Ave City: Lake Mills WI Zip: 53551	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lake Mills	1/20 (Month) (Day) (Year)
3. Cheryl Bowes		Street: 25 N 7th ST City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. KEN ZIMMERMAN		Street: 3213 RIDGEWAY ST City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Molly Munnich		Street: 321 Wisconsin Ave #5 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Hugo Garcia		Street: 5312 Trafalgar Pl City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Randi Kubek		Street: 5264 Brandenburg Way City: Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Mark Karls		Street: 5792 Parkview Rd City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SunP	11/15/2011 (Month) (Day) (Year)
9. Andrew Dacher		Street: 1105 E Mifflin St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Eva Shiffrin		Street: 109 N. 6th St. 53704 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Eva Shiffrin, (certify): I reside at 109 N. 6th St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
1845

Circulators

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jodi BURMEISTER-MAY	<i>Jodi Burmeister-May</i>	Street: 2721 MILWAUKEE ST. City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. Linda Warren	<i>Linda Warren</i>	Street: 6315 Stonybrook Trace City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
3. Jason Herman	<i>Jason Herman</i>	Street: 2019 Sherman Ave #13 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Kevin May	<i>Kevin May</i>	Street: 2915 St Paul Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Tim Muehlenberg	<i>Tim Muehlenberg</i>	Street: 1124 Spaight St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Dave Krych	<i>Dave Krych</i>	Street: 4722 Academy Drive City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. RICHARD HAGEN	<i>Richard Hagen</i>	Street: 1206 WINN TRAIL City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
8. RUSSELL McDaniel	<i>Russell McDaniel</i>	Street: 409 W. Doty City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
9. ROBERT MARKS	<i>Robert Marks</i>	Street: 1206 WINN TRAIL City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
10. DONALD FOLBERG	<i>Donald Folberg</i>	Street: 2706 MILWAUKEE ST City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Gary L. Morton, (certify): I reside at 2721 Milwaukee St, MADISON, WI 53704, MADISON, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
(Month) (Day) (Year)

Gary Morton
(Signature of Circulator)

Page No. (Official Use Only)
1846

Circulators:
Phone
Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Tim Beissinger	<i>Tim Beissinger</i>	Street: 2529 E Mifflin City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Indigo Erlenborn	<i>Indigo Erlenborn</i>	Street: 34 Fernell St City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Richard Schumacher	<i>Richard Schumacher</i>	Street: 208 Scenic Ct City: Sun Prairie Zip: 53590-1221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
4. Brian St. Arnold	<i>Brian St. Arnold</i>	Street: 4940 Violet Ln City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Thomas E Rylander	<i>Tom Rylander</i>	Street: 2618 East Lawn Ct City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. James Dockter	<i>James Dockter</i>	Street: 418 Wyalusing Dr. City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Ryan J. Haas	<i>Ryan J. Haas</i>	Street: 2742 Moland St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Gina Ward	<i>Gina Ward</i>	Street: 5214 Summer Ridge Dr. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. JEREMIE ANDERSON	<i>Jeremie Anderson</i>	Street: 523 Northport Drive #8 City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. SHELTON KINGCARE	<i>Shelton Kingcare</i>	Street: 234 Randolph Drive #23 City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Jeff Burkhardt, (certify): I reside at 109 N 6th St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
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Jeff Burkhardt
(Signature of Circulator)

Page No. (Official Use Only)
1847

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JEAN N. SUMI	<i>Jean N. Sumi</i>	Street: 3022 Irwington Way City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Carl Baumann	<i>Carl Baumann</i>	Street: 4340 Bagley Plwy City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Sheryl Henderson	<i>Sheryl Henderson</i>	Street: 26 Heritage Cir City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. ROBERT STECK	<i>Robert Steck</i>	Street: 5659 BYRNELAND ST City: FITCHBURG WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FITCHBURG	11/16/2011 (Month) (Day) (Year)
5. CHARLOTTE STECK	<i>Charlotte Steck</i>	Street: 5659 BYRNELAND ST City: FITCHBURG WIS Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FITCHBURG	11/16/2011 (Month) (Day) (Year)
6. Alexandra Wells	<i>Alex Wells</i>	Street: 2617 Chamberlain Ave City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. ANGELA A SPARKS	<i>Angela Sparks</i>	Street: 2406 UPHAM ST City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
8. Alison Eng	<i>Alison Eng</i>	Street: 834 Sky Ridge Dr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Kurt Krueger	<i>Kurt Krueger</i>	Street: 834 Sky Ridge Dr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Rosemary Johnson	<i>Rosemary Johnson</i>	Street: 422 N. Squire Rd #171A City: Madison Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Alan Kalker, (certify): I reside at 1430 W Sky Ridge Dr (Circulator's Residence - Street name and Number) City of Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
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(Signature of Circulator)

Page No. (Official Use Only)
1848

Circulators, pl
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Donald Zellars	<i>[Signature]</i>	Street: 546 Moorland Rd City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Celeste Roberts	<i>[Signature]</i>	Street: 4302 Cherokee Dr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. William Wolford	<i>[Signature]</i>	Street: 2326 Rugby Row City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. MARLYS NELSON	<i>[Signature]</i>	Street: 902 N. High Point Rd City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Deena Brazy	<i>[Signature]</i>	Street: 1206 Hickory St. City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Tray Forler	<i>[Signature]</i>	Street: 2151 Hwy MM #24 City: Fitchburg WI Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
7. Elizabeth Ann Ryan	<i>[Signature]</i>	Street: 20 Heritage Circle #5 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Lisa J. Fordyce	<i>[Signature]</i>	Street: 5009 Woodburn Dr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Phyllis Turner	<i>[Signature]</i>	Street: 2310 Keyes Ave City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Geoffrey R. Hudson	<i>[Signature]</i>	Street: 4150 Council Crest City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Alan Kalker, (certify): I reside at 1430 W. Skyline Dr City of Madison

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 250
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>MICHAEL B Cavanagh</u> Sign: <u>Michael B Cavanagh</u>	Street: <u>2908 Wauwona Way</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>James Broesch</u> Sign: <u>James Broesch</u>	Street: <u>813 Burbank Pl</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Shoreland Hills</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Rose M Courville</u> Sign: <u>Rose M Courville</u>	Street: <u>3040 Churchill Dr</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Jennifer Talarczyk</u> Sign: <u>Jennifer Talarczyk</u>	Street: <u>1727 Van Hise Ave.</u> City: <u>Madison</u> Zip: <u>53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>MICHAEL HANSON</u> Sign: <u>Michael Hanson</u>	Street: <u>3911 HAMMERSON AVE</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Linda Brazill (certify): I reside at 5805 Hammersley Rd. city of madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Linda Brazill
(Signature of Circulator)

Page No. (Official Use Only)

1850

Circulators,
Please include your contact information

Phone

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Email

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